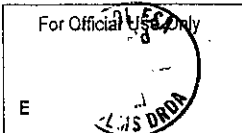


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12546	2. Fiscal Year Covered From: 01/01/2004 Through: 12/31/2004
3. Name and address of person filing. Name John E Price P.O. Box, Bldg., Room No., if any Street P.O. BOX 25014 Fayetteville id City thebes 62990 State IL ZIP Code + 4	4. Name, file number, and address of labor organization. Name L. I. U. N. A. LOCAL 773 Labor Organization File Number OR1-127 P.O. Box, Building and Room Number, if any Street P.O. BOX 1770 City Marion 62959 State IL ZIP Code + 4
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>John E Price</u>	On <u>8-15-2004</u> <u>618 776-6166</u> Date Telephone Number

Name of Person Filing <u>John E Price</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>LECT Midwest Region</u></p> <p>Trade Name, if any: <u>LECT Midwest Region</u></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>1 North old state Capitol PLAZA Suite</u></p> <p>City <u>Springfield</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>62701</u></p>	<p>9. Business deals with:</p> <p style="margin-left: 20px;">a. Labor Organization</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> b. Trust</p> <p style="margin-left: 20px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>LECT Midwest Region</u></p> <p>Trade Name, if any: <u>LECT Midwest Region</u></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>1 North old state Capitol PLAZA Suite</u></p> <p>City <u>Springfield</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>62701</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>labors Employers Cooperation + Education trust</u> <u>Secures Projects + Jobs, increasing union</u> <u>sector market share, Advertisers their</u> <u>services, develops A workforce + ADVANCES</u> <u>shared market-related interest</u></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><u>2-11-2004 meal</u> <u>6-2-2004 meals</u></p> <p>12.b. Amount. <u>\$80.25</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>LAKIN LAW Firm</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>301 EVANS AVE</u></p> <p>City <u>woodriver</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>62095</u></p>	<p>14.a. Nature of payment.</p> <p><u>SCILDC Christmas Party</u></p>
<p>13.b. Is the Business an Employer <u>yes</u> or Consultant ?</p>	<p>14.b. Amount of payment. <u>\$65.00</u></p>

Name of Person Filing <i>John E. Price</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p><input checked="" type="radio"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <i>LAKIN LAW Firm</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>301 EVANS AVE</i></p> <p>City <i>WOODRIVER</i></p> <p>State <i>IL</i> <i>62095</i> ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p><i>Received A Box OF STEAKS</i></p>
<p>13.b. Is the Business an Employer <i>yes</i> or Consultant ?</p>	<p>14.b. Amount of payment. <i>\$143.00</i></p>

Name of Person Filing <i>John E Price</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Souther Illinois laborers & Employers Cooperation and Education trust</i></p> <p>Trade Name, if any: <i>SI LKCT</i></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>P.O. Box 1240</i></p> <p>City <i>Marion</i></p> <p>State <i>IL</i> ZIP Code + 4 <i>62959</i></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="radio"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any: <i>SI LKCT</i></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>P.O. Box 1240</i></p> <p>City <i>Marion</i></p> <p>State <i>IL</i> ZIP Code + 4 <i>62959</i></p>	<p>11.a. Nature of such dealing. <i>SI LKCT</i></p> <p><i>Secures projects & jobs, increasing union sector market share, Advertisers their services, develops a workforce & advances shared market-related interest</i></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><i>Participated in Golf tournament at which SI LKCT Paid the entry Fee</i></p> <p>12.b. Amount. <i>\$100.00</i></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <i>John E Price</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Souther Illinois Laborers Employers Cooperation and Education trust</i></p> <p>Trade Name, if any: <i>SILKCT</i></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>P.O. Box 1240</i></p> <p>City <i>Marion</i></p> <p>State <i>IL</i> ZIP Code + 4 <i>62959</i></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="radio"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any: <i>SILKCT</i></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>P.O. Box 1240</i></p> <p>City <i>Marion</i></p> <p>State <i>IL</i> ZIP Code + 4 <i>62959</i></p>	<p>11.a. Nature of such dealing. <i>SILKCT</i></p> <p><i>Secures projects + jobs, increasing union sector market share, advertises their services, develops a workforce + advances shared market-related interest</i></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><i>Participated in Golf Tournament at which SILKCT Paid the entry Fee</i></p> <p>12.b. Amount. <i>\$200.00</i></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	John E. Price	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Southern Illinois Laborers Employers Cooperation and Education Trust</i></p> <p>Trade Name, if any: <i>SILECT</i></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>P.O. Box 1240</i></p> <p>City <i>Marion</i></p> <p>State <i>IL</i> ZIP Code + 4 <i>62959</i></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="radio"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any: <i>SILECT</i></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>P.O. Box 1240</i></p> <p>City <i>Marion</i></p> <p>State <i>IL</i> ZIP Code + 4 <i>62959</i></p>	<p>11.a. Nature of such dealing. <i>SILECT secures projects + jobs, increasing union sector market share, advertises their services, develops a workforce + advances shared market related interest</i></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received. <i>9-17-19-20:4 training</i></p> <p>12.b. Amount. <i>\$80.00</i></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	John A. Price	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name RAILCET</p> <p>Trade Name, if any: RAILCET</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1 North old state capital PLAZA Suite</p> <p>City Springfield</p> <p>State IL ZIP Code + 4 62701</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="radio"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name RAILCET</p> <p>Trade Name, if any: RAILCET</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1 North old state capital PLAZA Suite</p> <p>City Springfield</p> <p>State IL ZIP Code + 4 62701</p>	<p>11.a. Nature of such dealing.</p> <p>Provides cooperation and Education to union and Signatory Contractors</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>1-5-04 NRC Conference & RAILCET mtg. Dinner 1-6-04 NRC Conference & RAILCET mtg - Dinner 1-18-04 Reception - tri-Ford Conference 10-17-04 RAILCET meeting - Dinner</p> <p>12.b. Amount. \$315.31</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	John E Price	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Railroad Maintenance And Industrial Health And Welfare Fund</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>2205 W. Wabash Ave. Suite 211</i></p> <p>City <i>Springfield</i></p> <p>State <i>IL</i> ZIP Code + 4 <i>62704</i></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="radio"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <i>Railroad Maintenance And Industrial Health And Welfare Fund</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>2205 W. Wabash Ave. Suite 211</i></p> <p>City <i>Springfield</i></p> <p>State <i>IL</i> ZIP Code + 4 <i>62704</i></p>	<p>11.a. Nature of such dealing.</p> <p><i>Provides Health and Safety benefits to LUNA members</i></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><i>1-2-7-04 Board of trustee city - travel, lodge, meals</i></p> <p><i>Reimburse Expenses</i></p> <p>12.b. Amount. <i>\$836.65</i></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing John E Price		File Number U-	
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Railroad Maintenance and Industrial Health and Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2205 W. Wabash Ave. Suite 211</p> <p>City Springfield</p> <p>State IL ZIP Code + 4 62704</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="radio"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Railroad Maintenance and Industrial Health and Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2205 W. Wabash Ave. Suite 211</p> <p>City Springfield</p> <p>State IL ZIP Code + 4 62704</p>	<p>11.a. Nature of such dealing.</p> <p>Provides Health and Safety benefits to LUNA members</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>1-18-22-2021 Tri-Fund Conference</p> <p>travel, lodge, meals</p> <p>Reimburse Expenses</p> <hr/> <p>12.b. Amount.</p> <p>\$1,458.11</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing John E Price	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Railroad Maintenance And Industrial Health And Welfare Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2205 W. Wabash Ave. Suite 211**

City **Springfield**

State **IL**

ZIP Code + 4 **62704**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Railroad Maintenance And Industrial Health And Welfare Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2205 W. Wabash Ave. Suite 211**

City **Springfield**

State **IL**

ZIP Code + 4 **62704**

11.a. Nature of such dealing.

Provides Health and Safety benefits to LUNA members

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

4-12-13-2004 Board of trustee mtg. travel, lodge, meals

Reimburse Expenses

12.b. Amount.

\$723.05

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing John E Price	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Railroad Maintenance and Industrial Health and Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2205 W. Wabash Ave. Suite 211</p> <p>City Springfield</p> <p>State IL ZIP Code + 4 62704</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="radio"/> b. Trust</p> <p>c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Railroad Maintenance and Industrial Health and Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2205 W. Wabash Ave. Suite 211</p> <p>City Springfield</p> <p>State IL ZIP Code + 4 62704</p>	<p>11.a. Nature of such dealing.</p> <p>Provides Health and Safety benefits to LUNA members</p>
<p>11.b. Approximate dollar value of such dealing.</p>	<p>12.a. Nature of interest held or income received.</p> <p>5-11-14-2004 Tri-Fund Conference</p> <p>Travel, lodge, meals</p> <p>Reimburse Expenses</p>
<p>12.b. Amount.</p>	<p>\$ 306.85</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing John E Price	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Railroad Maintenance and Industrial Health and Welfare Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2205 W. Wabash Ave. Suite 211**

City **Springfield**

State **IL** ZIP Code + 4 **62704**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Railroad Maintenance and Industrial Health and Welfare Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2205 W. Wabash Ave. Suite 211**

City **Springfield**

State **IL** ZIP Code + 4 **62704**

11.a. Nature of such dealing.

Provides Health and Safety benefits to LUNA members

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

7-11-13-2004 Board of trustee mtg
travel, lodge, meals

Reimburse expenses \$874.99

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing	John E Price	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).
 Name Railroad Maintenance And Industrial Health And Welfare Fund
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street 2205 W. Wabash Ave. Suite 211
 City Springfield
 State IL ZIP Code + 4 62704

9. Business deals with:
 a. Labor Organization
☒ b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.
 Name Railroad Maintenance And Industrial Health And Welfare Fund
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street 2205 W. Wabash Ave. Suite 211
 City Springfield
 State IL ZIP Code + 4 62704

11.a. Nature of such dealing.
Provides Health And Safety benefits to LUNA members

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.
10-17-19-2004 Board of trustee mtg.
travel, lodge, meals
Reimburse Expenses
 12.b. Amount. \$ 350.28

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).
 Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing John E Price	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Railroad Maintenance And Industrial Health And Welfare Fund**
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street **2205 W. Wabash Ave. Suite 211**
 City **Springfield**
 State **IL** ZIP Code + 4 **62704**

9. Business deals with:

- a. Labor Organization
☒ b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Railroad Maintenance And Industrial Health And Welfare Fund**
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street **2205 W. Wabash Ave. Suite 211**
 City **Springfield**
 State **IL** ZIP Code + 4 **62704**

11.a. Nature of such dealing.

Provides Health And Safety benefits to LUNA members

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

5-5-2004 Had Dinner At A Restaurant

12.b. Amount.

\$28.68

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.